



INVOICE FOR MUSICAL SERVICES

date:

2/19/87

company:

Showbiz Pizza Time, Inc.

job #:

PO #:

agency producer:

Joe Conti

title:

for pre-production of "Yogi & Boo-Boo" show

3100 COLE
AVENUE

SUITE 215

DALLAS,
TEXAS

75204

214-855-1377

amount due:

~~\$~~17,500.00

THANK YOU!!!

SOUND
RESULTS
IN
MUSIC.

P.O.
invoice
signed
3-5-87
R

February 21, 1987



Joe Conti
Showbiz Pizza Time, Inc.
4441 West Airport Freeway
Irving, Texas 75062

Dear Joe,

Below is an outline of estimated budget distribution for the writing and production of (2) 11 minute **"Yogi & Boo-Boo"** shows, consisting of editable modules for additional use.

3100 COLE
AVENUE

SUITE 215

DALLAS,
TEXAS

75204

214-855-1377

SOUND
RESULTS
IN
MUSIC.

\$8,000.00.....studio costs
*\$13,800.00.....character talent costs (6)
\$2,000.00.....travel & expenses for (5)
\$1,000.00.....overdub vocalists cost (opt.)
\$1,000.00.....rhythm section

\$25,000.00.....total production costs

\$10,000.00.....writing, arranging & production

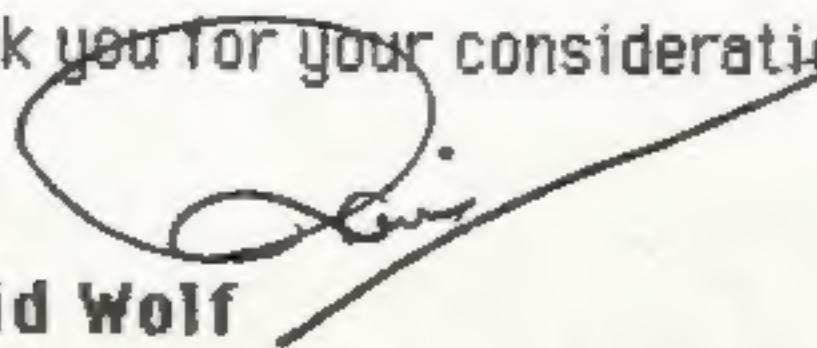
\$35,000.00.....total budget

***Character Talent Addendum:**

Showbiz Pizza Time, Inc. shall agree to pay any character talent costs over the above estimate of \$13,800.00.

Cry Wolf Music will deliver 1/4" format of final mixes to **Showbiz Pizza Time, Inc.** no later than **April 15, 1987**. An invoice for 1/2 total budget is enclosed. The balance will be invoiced upon delivery of the final product.

Thank you for your consideration,


David Wolf

1. \$1590. per minute
2. talent cost based on scale for 2 days
3. travel based on 3 from Chicago And 2 from L.A.
4. writing, arranging + production cost ~~is~~ includes script + vocals
5. Due to CPI "Summertime" schedule, it won't be animated And completed until May 15.

Ja

network

COURIER SERVICE

P.O. BOX 90912, LOS ANGELES, CALIFORNIA 90009

VOUCHER

NUMBER **DFW** 08-0137421


CHARGES
COLLECT

4


VIA

FROM

CHARGES
PREPAID



3RD PARTY BILLING

**PROOF
OF
DELIV.**

| | | |
|--------------------|-------|-----------|
| NAME | | |
| Mr. Daws | | |
| ADDRESS | | |
| 49 W. Carlisle St. | | |
| CITY | STATE | ZIP CODE |
| Traverse City, MI | MI | 49606 |
| ROOM NO. | ATTN: | PHONE NO. |
| | | () |

| | | |
|---|--|---|
| <input type="checkbox"/> 9:00 A.M. | NETWORK COURIER CITIES | |
| <input type="checkbox"/> OVERNIGHT — A.S.A.P. | ALL OTHER CITIES | |
| <input type="checkbox"/> SAME DAY | <input type="checkbox"/> SAT. DELIVERY | <input type="checkbox"/> HOLIDAY DELIVERY |
| <input type="checkbox"/> HAND CARRY | <input type="checkbox"/> SUN. DELIVERY | <input type="checkbox"/> HOLD AT AIRPORT |

| | | |
|------------------------------|-------|------------------|
| NAME | | |
| BROCK HOTEL CORPORATION | | |
| ADDRESS | | 808640 |
| 4441 W. AIRPORT FRWY. | | |
| CITY | STATE | ZIP CODE |
| IRVING, TX. | | 75062 |
| SHIPPERS NAME (PLEASE PRINT) | | DEPT./BUDGET NO. |
| M R ... | | ... |

| NO. PCS. | WEIGHT | DESCRIPTION OF PIECES AND CONTENTS |
|----------|--------|------------------------------------|
| 1 | 100.00 | 100.00 |
| 1 | 100.00 | 100.00 |

| | | |
|-----------------------------|---------|------|
| RECEIVED BY NETWORK COURIER | DATE | TIME |
| | 8/24/97 | 1:50 |

| | |
|-----------------------|------|
| RECEIVED BY CONSIGNEE | DATE |
| | TIME |

WHEN DELIVERY MUST BE ASSURED....



NETWORK COURIER CITIES

ATLANTA - CHICAGO - DALLAS - DENVER

HOUSTON - LOS ANGELES - NEW YORK

✓CISCO

()

L. PAY \$50.00 PER
GREATER, UNLESS
SURANCE FEE FOR
SIDE FOR TERMS

CHARGES

| | | | |
|---|-----|--|--|
| 9:00 A.M. NCS CITY | | | |
| OTHER SERVICES | VIA | | |
| EXCESS WEIGHT | | | |
| VALUATION CHARGE | | | |
| PICK-UP <input type="checkbox"/> SAT. <input type="checkbox"/> SUN. <input type="checkbox"/> HOLIDAY <input type="checkbox"/> AREA | | | |
| DELIVERY <input type="checkbox"/> SAT. <input type="checkbox"/> SUN. <input type="checkbox"/> HOLIDAY <input type="checkbox"/> AREA | | | |
| MISC. CHARGES | | | |
| TOTAL CHARGES | | | |

PLEASE PAY THIS AMOUNT
NETWORK COURIER SERVICE
REQUIRES PAYMENT UPON RECEIPT

THANK YOU

SHIPPER RECEIPT

PURCHASE ORDER



SHOWBIZ PIZZA TIME, INC.

A SUBSIDIARY OF BROCK HOTEL CORPORATION

Date _____

March 10, 1987

4441 W. Airport Freeway

When Ship: _____

Ta

Cry Wolf Music

Irving, TX 75062

3100 Cole Avenue - Suite 215

214/258-8507

How Ship: _____

Dallas, TX 75204

SHIP
TO

ShowBiz Pizza Time, Inc.
4441 W. Airport Freeway
Irving, TX 75062

LOC #

JOB #

VENDOR TELEPHONE NO. _____

PURCHASE ORDER

01967

SHIP:
**Prepay
and
Add**

FOR PROMPT PAYMENT
all invoices, bills of lading and
correspondence must reference
this purchase order number.

Invoice To

International Assn. of SBPP & PTT Restaurants

103 White Horse Pike

Haddon Heights, NJ 08035

ACE #

| QUANTITY | UNIT | STOCK NO. | DESCRIPTION | PRICE PER UNIT | | AMOUNT | |
|---|------|-----------|--|----------------|--|----------|--|
| 1 | | | Yogi Bear Tape - 22 minutes Per 2/21/87 bid Entertainment Fund - #6130-20238 | \$35000.00 | | 35000.00 | |
| <p>This purchase order is expressly subject to the terms and conditions attached hereto consisting of fourteen "SBT Purchase Order Terms and Conditions."</p> | | | | | | | |

This merchandise for: _____

Requested by: Paul Linden

Approved by Department Head: CC - Carol Crum

Approved by: _____

SIGNATURE

Title: V.P./Director of Purchasing

Do not ship this merchandise if your prices do not correspond with the prices on our Purchase Order. Inform us immediately for instructions!

TOTAL

Vendor Add Sales Tax where applicable

35000 00

White Copy—to Vendor
Blue Copy—Accounting
Green Copy—Number File
Canary Copy—PO File
Pink Copy—PO Requestor
Goldenrod Copy—Corp. Location File
Buff Copy—Receiving Location

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Los Angeles Local

1717 North Highland Avenue, P.O. Box 4070, Hollywood, CA 90078 / 461-8111

6922 HOLLYWOOD BLVD, 8TH FLOOR, HOLLYWOOD, CA. 90028

MEMBER REPORT

NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

Each member is responsible for filing their own Member Report or making certain that one is filed on their behalf. Failure to file for each engagement for non-broadcast recorded material will subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement: WED SEPT 8, 1987 Recording Studio: BLUE DOLPHIN Address: 550 N BRONSON AVE
Advertising Agency: Address: 4441 WEST AIRPORT FREEWAY Tel. No.:
Employer (if other than agency): SHOWBIZ PIZZA TIME, INC. Address: IRVING, TEXAS 75062 Tel. No.: (214) 258-8507
Sponsor, Product or Service: SHOWBIZ PIZZA PLACE (FAMILY RESTAURANTS)
Fee to be paid by: SHOWBIZ PIZZA TIME, INC.

TYPE OF RECORDING:

- ☐ VIDEO TAPE INDUSTRIAL PROGRAM
☐ On Camera ☐ Off Camera
☐ Class I ☐ Class II
☒ AUDIO RECORDING ONLY
☐ FILM STRIP
☐ SLIDE FILM
☐ OTHER (Explain) _____

USE CATEGORY:

- ☐ Instruction or Education ☐ Sales Promotion ☐ Meetings
☐ Conventions ☐ Point of Sale ☐ In-Plant
☐ In-Flight ☐ Public Display ☐ Churches
☐ Classrooms ☐ Seminars ☐ Phonecasting
☐ Storecasting ☐ Amusement Park
☐ Place where admission is charged (Specify) _____
☒ Other (Explain) 3 AUDIO TAPES TO BE USED INSIDE

NON-PRINCIPAL PERFORMERS (Slide Film Portion of Code only):

of lines _____ # of Doubles _____ Length of Recorded Program _____

Additional Information (doubling, etc.) **SEE BELOW

Retake ☐ Remake ☐

| SOCIAL SECURITY NO. | PERFORMER | ARTIST TO INITIAL | CAMERA | | HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS) | | | NO. OF PRODUCTIONS | * TYPE OF PERFORMANCE | WARRIOR FURNISHED BY ARTIST | | FEE | 10% OVERSCALE | |
|---|-------------|-------------------|--------|-----|---|------------|--------|--------------------|-----------------------|-----------------------------|----|----------|---------------|----|
| | | | ON | OFF | FROM | MEAL BREAK | TO | | | YES | NO | | YES | NO |
| 348-01-0015 | DAWS BUTLER | | | | 12:30PM | | 2:30PM | 3 | P | | | \$6,000. | | |
| **FOR L A METRO AREA SESS: BUTLER TO RECEIVE \$2,000. PER "YOGI BEAR" VOICE, PER MAXIMUM 8 MINUTE AUDIO TRACK, PER MAXIMUM 4 CONSECUTIVE HOURS SESSION. PER EACH CONSECUTIVE 6 MONTHS OR ANY FRACTION THEREOF OF USE, WHICHEVER IS GREATER. | | | | | | | | | | | | | | |
| ANY OTHER USE OF THESE VOICE TRACKS SHALL BE A SUBJECT FOR SEPARATE NEGOTIATION & ADDITIONAL COMPENSATION. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for Non-Broadcast/Industrial Recorded Material.

* KEY TO TYPE OF PERFORMANCE

| | | | |
|----|--------------------------|-----|-----------------------|
| N | Narrator | SE | Sound Effects |
| P | Principal | E | Extra |
| NP | Non-Principal | SAE | Special Ability Extra |
| GS | Group Singers(3 or more) | SB | Silent Bit |
| C | Contractor | | |

EMPLOYER: SHOWBIZ PIZZA TIME, INC.
Signature of Employer or Employer Representative: _____
AFTRA Performer: _____
AFTRA Performer's Phone Number: (213) 270-9200 Date: 9-2-87

AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Los Angeles Local

1717 North Highland Avenue, P.O. Box 4070, Hollywood, CA 90078 / 461-8111

6922 Hollywood Blvd., 8th Floor, Hollywood CA 90028

MEMBER REPORT

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

NON-BROADCAST/INDUSTRIAL RECORDED MATERIAL

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Date of Engagement: WED SEPT 8, 1987 Recording Studio: BLUE DOLPHIN Address: 650 N BRONSON AVE HLYD, CA 90004
Advertising Agency: Address: Tel. No.:
Employer (if other than agency): SHOWBIZ PIZZA TIME, INC. Address: 4441 W. AIRPORT FRYM IRVING, TX 75062 Tel. No.: 214/258-8507
Sponsor, Product or Service: SHOWBIZ PIZZA PLACE (FAMILY RESTAURANTS)
Fee to be paid by: SHOWBIZ PIZZA TIME, INC.

TYPE OF RECORDING:

- ☐ VIDEO TAPE INDUSTRIAL PROGRAM
☐ On Camera ☐ Off Camera
☐ Class I ☐ Class II
☒ AUDIO RECORDING ONLY
☐ FILM STRIP
☐ SLIDE FILM
☐ OTHER (Explain) _____

USE CATEGORY:

- ☐ Instruction or Education ☐ Sales Promotion ☐ Meetings
☐ Conventions ☐ Point of Sale ☐ In-Plant
☐ In-Flight ☐ Public Display ☐ Churches
☐ Classrooms ☐ Seminars ☐ Phonecasting
☐ Storecasting ☐ Amusement Park
☐ Place where admission is charged (Specify) _____
☒ Other (Explain) 5 AUDIO TAPES TO BE USED INSIDE ROBOTIX "ANIMATRONIC" "BOOBIE BEAR" IN 5 SHOWBIZ PIZZA PLACE RESTAURANT SHOWROOMS-1 EACH IN OMAHA, NE COLORADO SPRINGS, CO. & AUGUSTA, GA DURING A MAXIMUM 12 CONSECUTIVE MONTHS TEST MARKETING PERIOD TO BEGIN NO LATER THAN 60 DAYS FOLLOWING DATE OF RECORDING.

NON-PRINCIPAL PERFORMERS (Slide Film Portion of Code only):

of lines _____

Additional Information (doubling, etc.) **SEE BEKON

Retake ☐ Remake ☐

| SOCIAL SECURITY NO. | PERFORMER | ARTIST TO INITIAL | CAMERA | | HOURS EMPLOYED (SPECIFY ALL BREAKS INCLUDING MEAL PERIODS) | | | NO. OF PRODUCTIONS | * TYPE OF PERFORMANCE | WARDROBE FURNISHED BY ARTIST | | FEE | 10% OVERSCALE | |
|---------------------|---|-------------------|--------|-----------|--|------------|--------------------------|--------------------|-----------------------|------------------------------|----|-----------------|---------------|-----------|
| | | | ON | OFF | FROM | MEAL BREAK | TO | | | YES | NO | | YES | NO |
| | <u>05-3624002 DON MESSICK</u> | <u>KV</u> | | <u>XX</u> | | | <u>11:00 AM 12:05 PM</u> | | | | | <u>\$2,550.</u> | | <u>XX</u> |
| | VOICE, PER MAXIMUM 8 MINUTE AUDIO TRACK, PER MAXIMUM 4 CONSECUTIVE HOURS | | | | | | | | | | | | | |
| | SESSION, PER EACH CONSECUTIVE 6 MONTHS OR ANY FRACTION THEREOF OF USE, | | | | | | | | | | | | | |
| | WHICHEVER IS GREATER, | | | | | | | | | | | | | |
| | ANY OTHER USE OF THESE VOICE TRACKS SHALL BE A SUBJECT FOR SEPARATE NEGOTIATION & | | | | | | | | | | | | | |
| | ADDITIONAL COMPENSATION. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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This engagement shall be governed by and be subject to the applicable terms of the AFTRA Code of Fair Practice for Non-Broadcast/Industrial Recorded Material.

* KEY TO TYPE OF PERFORMANCE

| | | | |
|----|--------------------------|-----|-----------------------|
| N | Narrator | SE | Sound Effects |
| P | Principal | E | Extra |
| NP | Non-Principal | SAE | Special Ability Extra |
| GS | Group Singers(3 or more) | SB | Silent Bit |
| C | Contractor | | |

EMPLOYER: SHOWBIZ PIZZA TIME, INC.

Signature of Employer or Employer Representative: _____

AFTRA Performer: _____

AFTRA Performer's Phone Number 213/276-9260

Date: 9/8/87

ORIGINAL (WHITE) - TO AFTRA

COPY 1 (PINK) - TO EMPLOYER

COPY 2 (YELLOW) - MEMBER RETAINS

NON-BROADCAST RECORDED MATERIAL ~ AFTRA ~ P & W REMITTANCE REPORT; PRODUCTION REPORT

IMPORTANT ♦ Make checks payable to AFTRA PENSION & WELFARE FUNDS and mail white, pink and blue copies of this report to the P & W office in New York, Chicago or Los Angeles (address below) depending on city in which slide films covered by this report are made. If city other than New York, Chicago or Los Angeles, contact the local AFTRA office for information.

1350 AVENUE OF THE AMERICAS, NEW YORK 10019

307 N. MICHIGAN AVE., CHICAGO 60601

6922 HOLLYWOOD BLVD., #900, HOLLYWOOD, CA 90028

PENSION and WELFARE

Reporting Co. SHOWBIZ PIZZA TIME, INC.

Address 4401 W. AIRPORT Fwy.
IRVING, TX 75062

Account No. _____ Date 9/11/87

Signature _____
(Authorized Representative)

This is Sheet # 1 of 2 sheets (attached)
(Use additional sheets if more space needed)

PENSION AND WELFARE REMITTANCE

(a) Total Gross Payment (sum of Col. H all pages) \$6,000.00
(b) Contribution 11 % 660.00
(c) Adjustments (explain in detail in separate statement -0-
(d) Total Remittance (item b plus or minus item c) \$660.00

Date of Recording

Recording Studio

Sponsor

Product and Working Title

Advertising Agency

Producer

Type of Slide Film:

(Instruction or education, sales promotion, amusement, entertainment, other)

| Enter Symbol in Col. (C) — Category | |
|-------------------------------------|--|
| Symbol | Description |
| P1 | NARRATOR OR OTHER PERFORMER ALONE OR SOLOISTS & DUOS |
| P2 | MORE THAN 1 PRINCIPAL PERFORMER |
| SP | SUPPORTING PERFORMER |
| S3 | GRP. SINGERS (3 OR MORE) |
| SE | SOUND EFFECTS ARTIST |

Retake ☐ (check)

Remake ☐ (check)

Special Comments: Use Bottom of Sheet

| (A) | (B) | | | (C) | (D) | | (E) | (F) | (G) | (H) |
|--------------------------------|------------------|-------|----------------|----------|-----------------|------|---------------------------|-----------------------------|----------------|---------------|
| Social Security Account Number | PERFORMER'S NAME | | | Category | Time of Session | | Length of Each Slide Film | No. of Slide Films Recorded | No. of Doubles | Gross Payment |
| | Last | First | Middle Initial | | From | To | | | | |
| 348901-0015 | BUTLER | DAWS | | P1 | 12:30 | 2:35 | --- | --- | --- | \$6,000.00 |

ANIMATED ENTERTAINMENT FUND



UNITED BANK
AND TRUST
AMES, IOWA 50010-0825

1475

X 72-1881
739 ©

PAY

TO
THE
ORDER
OF

Afta Health & Retirement
6922 Hollywood Blvd.
Hollywood, Ca. 90028-6128

DATE 8-31-87

AMOUNT
\$660.00

[Signature]

⑈001475⑈ ⑆073918815⑆ 002 510 0⑈

DELUXE CHECK PRINTING

ANIMATED ENTERTAINMENT FUND

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM TWO-4 NV-1602

| INVOICE NO. | INVOICE AMOUNT | INVOICE DATE | GENERAL LEDGER ACCT. NO. | DESCRIPTION | AMOUNT |
|-------------|----------------|--------------|--------------------------|-------------|--------|
| 9187 | 660.00 | 8-31 | 6130 | Daws Butler | |

NON-BROADCAST RECORDED MATERIAL ~ AFTRA ~ P & W REMITTANCE REPORT; PRODUCTION REPORT

IMPORTANT ♦ Make checks payable to AFTRA PENSION & WELFARE FUNDS and mail white, pink and blue copies of this report to the P & W office in New York, Chicago or Los Angeles (address below) depending on city in which slide films covered by this report are made. If city other than New York, Chicago or Los Angeles, contact the local AFTRA office for information.

1350 AVENUE OF THE AMERICAS, NEW YORK 10019

307 N. MICHIGAN AVE., CHICAGO 60601

6922 HOLLYWOOD BLVD., #900, HOLLYWOOD, CA 90028

PENSION and WELFARE

Reporting Co. SHOUBIZ PIZZA TIME, INC.

Address 4441 W. AIRPORT FRWY,
IRVING, TX 75062

Account No. _____ Date 9/11/87

Signature _____
(Authorized Representative)

This is Sheet # 1 of 2 sheets (attached)
(Use additional sheets if more space needed)

PENSION AND WELFARE REMITTANCE

(a) Total Gross Payment (sum of Col. H all pages) \$2,550.00
(b) Contribution 11 % 280.50
(c) Adjustments (explain in detail in separate statement) -0-
(d) Total Remittance (item b plus or minus item c) \$280.50

Date of Recording

Recording Studio

Sponsor

Product and Working Title

Advertising Agency

Producer

Type of Slide Film:

(Instruction or education, sales promotion, amusement, entertainment, other)

| Enter Symbol in Col. (C) — Category | |
|-------------------------------------|--|
| Symbol | Description |
| P1 | NARRATOR OR OTHER PERFORMER ALONE OR SOLOISTS & DUOS |
| P2 | MORE THAN 1 PRINCIPAL PERFORMER |
| SP | SUPPORTING PERFORMER |
| S3 | GRP. SINGERS (3 OR MORE) |
| SE | SOUND EFFECTS ARTIST |

Retake ☐ (check)

Remake ☐ (check)

Special Comments: Use Bottom of Sheet

| (A) | (B) | | | (C) | (D) | | (E) | (F) | (G) | (H) |
|-----------------------------------|------------------|-------|-------------------|---------------|-----------------|-------|---------------------------------|-----------------------------------|----------------------|------------------|
| Social Security Account Number | PERFORMER'S NAME | | | Cate- gory | Time of Session | | Length of Each Slide Film | No. of Slide Films Recorded | No. of Doubles | Gross Payment |
| | Last | First | Middle Initial | | From | To | | | | |
| FED ID # 95-3624002 | DON MESSICK | | | P1 | 11:00 | 12:05 | --- | ----- | ----- | \$2550.00 |

ANIMATED ENTERTAINMENT FUND



UNITED BANK
AND TRUST
AMES, IOWA 50010-0628

1476

X72-1881
739 ©

PAY

TO
THE
ORDER
OF

Afta Health & Retirement
6922 Hollywood Blvd.
Hollywood, Ca. 90028-6128

7

DATE

9-11-87

AMOUNT

\$280.50

[Signature]

⑈001176⑈ ⑆073918815⑆ 002 510 0⑈

DELUXE CHECK PRINTERS

ANIMATED ENTERTAINMENT FUND

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM TWVO-4 NV-1602

| INVOICE NO. | INVOICE AMOUNT | INVOICE DATE | GENERAL LEDGER ACCT. NO. | DESCRIPTION | AMOUNT |
|-------------|----------------|--------------|--------------------------|-------------|--------|
| V257 | 280.50 | 9-11 | 3020 | | 280.50 |

ANIMATED ENTERTAINMENT FUND



**UNITED BANK
AND TRUST**
AMES, IOWA 50010-0828

1476

X $\frac{72-1881}{739}$ ®

PAY

TO
THE
ORDER
OF

Aftra Health & Retirement
6922 Hollywood Blvd.
Hollywood, Ca. 90028-6128

DATE

AMOUNT

9-11-87

\$280.50

[Signature]
NOT NEGOTIABLE

⑆073918815⑆ 002 510 0⑈

ANIMATED ENTERTAINMENT FUND

DELUXE - FORM TWVO-4 NV-1802

| INVOICE NO. | INVOICE AMOUNT | INVOICE DATE | GENERAL LEDGER ACCT. NO. | DESCRIPTION | AMOUNT |
|-------------|----------------|--------------|--------------------------|-------------|--------|
| v257 | 280.50 | 9-11 | 3020 | | |

YOGI BEAR SHOW ASSORTED INVOICES AND NOTES

Date of Origin: 1987

Archived: 1-16-13

Submission by VegaNova / P. Linden

Version 1.0

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copyright their respective owners.

